## 10/538,423 Application Number TRANSMITTAL 1/30/2006 Filing Date **FORM** Arunendra Majumder First Named Inventor Art Unit 1652 Rebecca E. Prouty Examiner Name (to be used for all correspondence after initial filing) Attorney Docket Number 4544 - 051674 Total Number of Pages in This Submission

	EN	CLOSURES (check	k all that apply	·)				
Fee Transmittal For	F	Drawing(s)		A	fter Allowance communication TC			
Fee Attached		Licensing-related	Papers	$\bigcap A_{\mathbf{j}}$	opeal Communication to Board Appeals and Interferences			
Amendment / Reply	,	Petition			ppeal Communication to TC			
After Final		Petition to conver Provisional Appli		Proprietary Information				
Affidavits/dec	claration(s)	Power of Attorney Change of Corres Address		<b> </b>	atus Letter			
Extension of Time Request		Terminal Disclain	ner	Other Enclosure(s) (please identify below):				
Express Abandonm	ent Request	Request for Refur	nd		PTO/SB/08a; copies of the diperior of the liperior of each			
Information Disclos	sure Statement	CD, Number of C	D(s)	non-U.S. reference listed thereon.				
		Landscape T	able on CD					
Certified Copy of Priority Document(s)		Remarks						
Reply to Missing Pa								
Incomplete Application								
	Under 37 CFR 1.52 or 1.53							
	to Missing Parts r 37 CFR 1.52 or 1.53  ioner for Patents is hereby authorized to charge any additional fees or underpayment of fees 1.16 and 1.17 to Deposit Account No							
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	Гhe Webb Law Fi	irm	21012.12,122.20.20.					
Signature	Wint	H 2	Show					
Printed Name	William H. Logsd	lon						
Date	April 23, 2009		Reg. No.	22,132				
	CERTI	EICATE OF TRANSM	ISSION / MAI	LING				
CERTIFICATE OF TRANSMISSION / MAILING  Thereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
Signature Flyance & Trenth								
Typed or printed name	ted name Florence P. Trevethan Date		April 23, 2009					

Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				ication Number	10/538,423					
FEE TRANSMITTAL				***************************************	g Date	1/30/2006				
For FY 2009					Named Inventor	Arunendra Majumder				
				niner Name	Rebecca E. Prouty					
Applicant claims small entity status. See 37 CFR 1.27			Art U		1652					
TOTAL AMOUNT OF PAYMENT (\$) 180.00				ney Docket	4544 - 051674					
METHOD OF PAY					]					
7	Credit Card L	☐ Money Orde		None L	Other (please ide					
-	unt Deposit Acc		23-0				1. \	<u>.</u>		
			the Director	r is hereby	authorized to: (cl					
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	arge any addition der 37 CFR 1.16		rpayments c	i iee(s)	Credit any	overpayments				
VARNING: Information of the state of the sta			edit card info	rmation sho	uld not be included or	n this form. Prov	ide credit card			
EE CALCULATION	ON (All the fees	s below are due	upon filin	g or may l	be subject to a su	ırcharge.)				
I. BASIC FILING	, SEARCH, AN	ND EXAMINA	TION FEE	CS						
FILING FEES SEARCH I						TION FEES				
Application Ty		mall Entity Fee (\$)	Fee (\$)	nall Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees P	'aid (\$)		
Utility	330	82	540	270	220	110	10001			
Design	220	110	100	50	140	70	***************************************			
Plant	220	110	330	165	170	85		***************************************		
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0	***************************************	•		
2. EXCESS CLAI		110	V	U	Ū	· ·		Small Entity		
Fee Description	INI PEES						Fee (\$)	Fee (\$)		
Each claim over 20	(including Reiss	sues)					52	26		
Each independent c	-		)				220	110		
Multiple dependent	claims						390	195		
Total Claims	<u>- 20 or HP</u>	Extra Claim	is Fe	e (\$)	Fee Paid (\$)		Multiple D	ependent Claims		
		=	_ x		-		Fee (\$)	Fee Paid (\$)		
HP = highest numbe	r of total claims pai	d for, if greater tha	n 20.							
Indep. Claims	- 3 or HP	Extra Claim	<u>ıs</u> <u>F</u> e	<u>ee (\$)</u>	Fee Paid (\$)					
		- '16 '6	x	=						
HP = highest numbe  3. APPLICATION	•	ums paid for, if gre	ater than 3.							
If the specifica	tion and drawin	gs exceed 100 sl	heets of par	er (exclud	ling electronically	filed sequence	e or computer listin	gs under		
				(\$135 for s	small entity) for ea	ach additional	50 sheets or fraction	n thereof.		
See 35 U.S Total Sheets	S.C. 41(a)(1)(G) <u>Extra S</u> 1			f each add	litional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)		
	100 =				nd <b>up</b> to a whole nur					
. OTHER FEE(S	***************************************				•	•		Fees Paid (\$)		
•	Specification,	\$130 fee (no	small entit	y discount	)			× may (w)		
	ate filing surchar	•		,	,			\$180.00		
SUBMITTED BY	1//	, , , ,	_	D	egistration No.	T				
Signature	Woo	14	632.		Attorney/Agent)	22,132	Telephone 4	12-471-8815		
Name (Print/Type	William	H. Logsdon					Date Apri	1 23, 2009		

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